Suicide Ideation and Depressive Symptomatology Among Filipino/a American College Students: An Examination of Spiritual and Cultural Factors

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SUICIDE IDEATION AND DEPRESSIVE SYMPTOMATOLOGY AMONG FILIPINO/A AMERICAN COLLEGE STUDENTS: AN EXAMINATION OF SPIRITUAL AND CULTURAL FACTORS

by

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A Research Paper
Submitted in Partial Fulfillment of the Requirements
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A Research Paper Submitted in Partial Fulfillment of the Requirements for the Degree of Masters of Science in the field of Clinical Psychology

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CHAPTER 1
INTRODUCTION

The proportion of Asian Pacific Islanders (APIs) in the US population is growing at a consistent rate with the API population estimated to increase from 4.4% of the U.S. total population in 2000, to 7.5% in 2025 and grow to 10.3% by 2050 (U.S. Census Bureau, 2001). This growth rate makes APIs proportionately the fastest growing ethnic minority group in the United States (Day, 1996; Sue, 1994; Kim, Yang, Atkinson, Wolfe & Hong, 2003). APIs represent over 34 different ethnicities with over 300 different languages and dialects; each of these groups has its own unique culture, traditions and experiences (U.S. Census Bureau, 2000). Within this diverse population, Filipino/a Americans are the second largest API subgroup in the United States at 2.4 million people (David & Okazaki, 2006b; Barnes & Bennett, 2002). In fact, some demographers predict that Filipino/a Americans will become the largest API subgroup in the future (Sue, 1994; U.S. Commission on Civil Rights, 1992).

Despite the rapid growth of the Filipino/a American population, this group is often overlooked in psychological studies regarding the API population (David & Okazaki, 2006a). By and large, much of the published research in psychological journals focuses on Chinese American and Japanese American samples. The paucity of literature addressing the Filipino/a American population and their psychological needs is troubling, considering their relative size and their unique history (Abe-Kim, Gong & Takeuchi, 2004; Chen, 2005; Zhang, Snowden & Sue, 1998; Chow, Jaffee & Snowden 2003). Indeed, by many accounts, Filipino/a Americans have long been considered among the least understood and studied ethnic minority groups in the United States (Tuason, Taylor,
The lack of studies geared toward the Filipino/a American population is symptomatic of a broader problem concerning research on the API population as a whole. Until recently, studies of the API population often misrepresented APIs as a homogenous group, failing to recognize the unique cultures within the API population. Pertaining to Filipino/a Americans, the representation of the API population as a homogenous group ignores the Philippines' history of colonization and extensive contact with western countries. This long history of Spanish domination and a period of U. S. colonization is reflected in three major differences between Asian culture and Philippine culture: a strong link to Catholicism, proficiency in English and a gender-neutral society, whereby anyone who helps the family is deferred to (Abe-Kim et al, 2004, Nadal, 2004). Thus, though API subgroups adhere to common cultural values, research must not fail to attend to apparent differences that stem from the unique ethno-cultural factors and immigration experiences of each subgroup.

**APIs and mental health: Filipino/a American perspective**

As a whole, literature has shown and continues to show that APIs underutilize mental health services and prematurely terminate treatment at a much higher rate than non-minority and minority groups when they do utilize mental health services (Leong & Lau, 2001; Chen, Sullivan, Lu, & Sibusawa, 2003; Matsuoka, Breaux, & Ryujin, 1997). APIs tend to utilize all other sources available (e.g. primary care doctors, family, friends) before they consider seeking counseling, often waiting until their conditions are severe and painful (Chen, 2005; Chow, Jaffee & Snowden 2003). Traditional interpretations of
this phenomena reflect upon financial (i.e. lack of health insurance) and cultural barriers (i.e. language) (Chen, 2003; Leong & Lau, 2001).

When API subgroups are taken into consideration, Filipino/a Americans are less open to utilizing mental health services than other API subgroups. In a study by Ying & Hu (1994), an analysis of mental health service utilization among APIs (Chinese, Japanese, Filipino, Southeast Asian) revealed that Filipino/a Americans are underrepresented in outpatient mental health treatment. Underutilization of mental health services relative to other API subgroups can be attributed to the degree Filipino/a Americans adhere to traditional API values of harmony, conformity to expectations, emotional self control, collective identity and high regard for the esteem in which one’s family is held—-all counter the expectations of full self disclosure in the counseling setting (Kim, Atkinson, & Yang, 1999). However, Filipino/a Americans differ from other API subgroups in how they conceptualize and express shame (saving ‘face’), collectivism, family harmony and other traditional API values (Gong, Gage & Tacata, 2003; Nadal, 2004). Concepts such as kapwa (unity of the self and others; shared identity), pakisama (social acceptance/getting along with the group), hiya (shame) and utang sa loob (debt of gratitude) carry with it a sense of Americanized individualism, differentiating these Filipino/a American concepts from traditional API concepts of face and collectivism (Nadal, 2004; Abe-Kim et al, 2004). Taking into account how the Americanization (westernization) of traditional API values distinguishes Filipino/a Americans from other API subgroups, further examination of mental health issues in regard to the Filipino/a American population is clearly needed.
Filipino/a Americans in the university setting: Considerations for mental health

In light of Filipino/a Americans’ underutilization of mental health services, research suggests that the university environment is a source of stress for API and other ethnic minority college students (Kodama, McEwen, Liang & Lee, 2002; Gloria & Ho, 2003; Cress & Ikeda, 2003). The transition to college can strain familial relations and magnify existing stressors, presenting a struggle between interdependence and independence for API students upon leaving the family and entering the university (Kodama et al, 2002; Constantine & Flores, 2006). This notion of familial strain is supported by clinical findings that show Filipino/as with depression were often separated geographically or alienated from their family, with Filipino/as believing that the separation from one’s family led to illness (Tompar-Tiu & Sustento-Seneriches, 1995; Edman & Johnson, 1999; Anderson, 1983). In addition, API college students often suffer the psychological burden of discrimination, reporting more personal experiences with racism than any other group (Cress & Ikeda, 2003; Uba, 1994). In fact, Filipino/a American students report the highest levels of college stress of all API ethnic subgroups (Gloria & Ho, 2003). With psychological well-being playing a key role in successful adaptation to college, Filipino/a Americans appear to struggle adjusting to the university environment, reflected in lower graduation rates compared to other API subgroups (Rumbaut, 2005; Nadal, 2004; US Census, 1994).

Suicidal behaviors

Suicidal behavior as a general construct usually includes suicidal thoughts/ideations, threats of suicide, non-fatal suicide attempts and completed suicide
attempts. An examination of suicide rates reveals part of picture. Rates of completed suicide in the United States are estimated to be 11 per 100,000 people (Spicer & Miller, 2000). Despite the apparent low base rate, suicide remains to be a major public health concern, representing one of the 10 primary causes of death in the United States (Holden & DeLisle, 2005; Anderson, Kochanek, & Murphy, 1997). In fact, suicide is the 8th leading cause of death for males, outnumbering female suicide deaths 4 to 1. Suicide is the third leading cause of death for adolescents and young adults, ages 15-24 years old (Goldston, Molock, Whitbeck, Murakami, Zayas & Hall, 2008). In fact, among 15- to 24-year olds, suicide accounts for a greater number of deaths that the next seven leading causes of death combined (Centers for Disease Control and Prevention, 2006). Clearly, suicide is major public health issue in United States.

When considering the college population and the specific stressors that they experience, disturbing trends regarding suicidal behaviors become apparent. Suicide is a leading cause of death on college campuses throughout the United States; a fact that is only magnified by the nearly threefold increase in college student suicide rate in recent decades (Gutierrez, Osman, Kopper, Barrios & Bagge, 2000; Tatman, Greene, & Karr, 1993). Although research findings regarding suicide rates in college-age adults are inconsistent, with some studies finding lower suicide rates for college-age students than their non-student peers, there is a consensus that suicide among this age group remains a public health concern (Silverman, Meyer, Sloane, Raffel & Pratt, 1997; Mueller & Waas, 2002).

The difference in suicide rates between college-age students and non-students has been considered evidence that college life is a protective factor against suicidality or that
college students are generally better psychologically adjusted than their non-student peers (Heisel, Flett, & Hewitt, 2003). However, the unique pressures and stress that stem from the transition to college persist, as do the effects of such stress on psychological well-being. In fact, data from the National College Health Assessment survey showed that 76% of college students felt “overwhelmed” and that 22% sometimes felt so depressed that they could not function (Hass, Hendin, Mann, 2003; Shea, 2002). Data from the UCLA Higher Education Research Institute (2000) found that a record number, 30.2% (39% women, 20% of men), of the 1999 freshmen cohort reported feeling “frequently overwhelmed,” as compared to 16% of the 1985 cohort (Hass et al, 2003). These numbers reflect a startling trend of increasing stress levels on college campuses throughout the United States. Thus, understanding how college stress can overwhelm a student’s coping skills and eventually lead to potential psychological distress remains of great importance and merits continued research regarding suicidal behaviors among college students (Brener, Hassan, & Barrios, 1999; Heisel et al, 2003).

Research on suicidal behaviors among API college students reveals unique trends that emphasize the need for multicultural research regarding suicidal behaviors. Suicide ranked as the second leading cause of death for APIs 15-24 years old, as compared to being the third leading cause of death for 15-24 year olds in the general population (SPAN USA, 2007; Goldston et al, 2008). There is also evidence that API college students are more likely to attempt suicide than their Caucasian counterparts (Kisch, Leino, & Silverman, 2005). Regarding Filipino/a Americans, there is an alarming pattern of suicide among second-generation Filipino/a Americans according to the President’s Advisory Committee on Asian Americans and Pacific Islanders (2001). These findings
are magnified by the fact that ethnic minority clients are less likely to disclose their suicide ideation, a group known as “hidden ideators” (Morrison & Downey 2000). Also, given the reported suicide rates for APIs, it has been argued that the published prevalence and incidence rates considerably underestimate the actual rates for APIs and ethnic minorities in general (Leong, Leach, Yeh, Chou, 2007; Lau, Jernewall, Zane, & Myers, 2002; Chance, Kaslow, Summerville, & Wood, 1998). Considering these findings, research regarding suicidal behaviors in the Filipino/a American college population is of great importance.
CHAPTER 2
SIGNIFICANCE OF THE PROBLEM

The API population is the fastest growing college-bound racial group in the nation, yet API students generally have difficulty adjusting to the university environment, experiencing social alienation, dissatisfaction and discrimination (Teranishi, et al, 2004; Bennett & Okinaka, 1990; Gloria & Ho, 2003). In fact, within the API college population, Filipino/a American’s report the highest levels of college stress (Gloria & Ho, 2003). Considering the growing Filipino/a American population, reported college stress and high rates of depression, it becomes apparent that a better understanding of the factors related to suicide ideation is urgently needed (Tompar-Tiu & Sustento-Seneriches, 1995; Nadal, 2004; Gloria & Ho, 2003; President’s Advisory Committee on Asian Americans and Pacific Islanders, 2001). Understanding depression and suicide ideation among Filipino/a American college students is of considerable importance given their rates of psychological maladjustment, the stress that is inherent for APIs transitioning into college life (i.e. family expectations and alienation), the unique culture and immigration history of Filipino/a Americans and the relative lack of literature for this API subgroup.
CHAPTER 3
LITERATURE REVIEW

Upon reviewing the literature, certain factors appear to influence suicide ideation. These include demographic variables such as socioeconomic status (SES), gender and religious affiliation (Nguyen & Peterson, 1993; Okazaki, 1997; Ednam, Danko, Andrade, McArdle, Foster, & Glipa, 1999). In addition, spirituality, religiosity, acculturation, ethnic identity and internalization of the model minority stereotype appear to influence depression and/or suicide ideation (Hovey, Kim, & Seligman, 2006; Lam, 2005; Ying & Han, 2007; Chang, 1996).

Suicide Ideation

Intuitively, suicide ideation is likely to precede suicide attempts and/or completion. In fact, within the suicidology literature, it is widely accepted that suicide ideation is an important risk factor related to future self-harmful behavior, including suicide attempts and completion (Gutierrez et al, 2000; Maris, 1992). However, when examining the literature, it is evident that there is a complex relationship between suicide ideation and suicide attempt and/or suicide completion. While suicide ideation has been shown to be related to the making of suicide attempts, it is not related to the lethality of a suicide attempt or to the completion of the suicide attempt (Bravik & Berglund, 2000; Rudd, Joiner, & Rajab, 1996; Roy-Byrne, Post, Hambrick, Leverich, & Rosoff, 1988; Beck, Steer, Kovacs, & Garrison, 1985). The relationship between suicide ideation and suicide is largely affected by the way suicide ideation is conceptualized. Regardless, it is apparent that there is a relationship between suicide ideation and other suicidal behaviors.
Adding to the complexity of assessing the relationship between suicide ideation and suicide attempts is the vague definitions of what constitutes suicide ideation existing in the suicidology literature. Definitions of suicide ideation vary across studies. Definitions usually cover a broad range of ideas, spanning from mild cognitions about death to serious and specific plans about taking one’s life (Pinto, Whisman & McCoy, 1997). These broad and vague definitions serve to hinder research and understanding of the construct of suicide ideation.

However, a good working definition of suicide ideation provided by O’Carroll and his colleagues is more widely accepted within the literature and posits that ‘suicidal ideation’ refers to ‘any self-reported thoughts of engaging in suicide-related behavior (O’Carroll, Berman, Maris, Moscicki, Tanney & Silverman, 1996).’ This definition of suicide ideation stipulates that general and vague thoughts of death or wanting to die without specific thought of killing oneself are not considered to be suicide ideation. The definition of suicide ideation provided by O’Carroll et al. (1996) is the one that has become widely accepted in the suicidology literature and will be the one used in this paper.

Suicide rates in the general population notwithstanding; it appears that suicide ideation is prevalent in the college population (Choi, Rogers & Werth, 2007). Among adults, traditional college aged 18-24 year olds have the highest incidence of reported suicide ideation (Crosby, Cheltenham & Saks, 1999). Among 18-24 year olds currently enrolled in college, multiple studies have found that approximately 9.5% of college students report having experienced thoughts of suicide or have seriously considered attempting suicide, with approximately 1.5% of those surveyed reporting that they have
made a suicide attempt while attending college (Choi et al, 2007; Furr, Westefeld, McConnell & Jenkins, 2001; Kisch et al, 2005; CDC, 1995). As disturbing as these statistics are, studies have reported much higher rates of suicide ideation among college students. Multiple studies report much higher rates of suicide ideation, with college students reporting some degree of suicide ideation, ranging from 32% to 70% in one study and while another study reporting that 50% of the students sampled experienced some degree of suicide ideation (Gutierrez et al, 2000; Rich & Bonner, 1987; Bonner & Rich, 1988).

In regard to API college students, results from the 2000 National College Health Assessment Survey indicated that APIs were 1.6 times more likely to have seriously considered attempting suicide than their Caucasian counterparts (Kisch et al, 2005). Considering the fact that stress levels on college campuses continue to rise to record levels and the reports that Filipino/a American college students experience additional stress that stem from various cultural factors, suicide ideation must be addressed for this at risk population.

*Depression*

Besides what is considered a common sense connection that links depression to suicidal behaviors, the relationship between depression and suicidal behaviors has been thoroughly established. Throughout the literature, depression has been found to be the most frequent precursor to suicide, with depression serving as a better predictor of suicidality than hopelessness among adolescents and young adults (Schotte & Clum, 1982; Westefeld & Furr, 1987; Cole, 1989; Rudd, 1990; Heisel et al, 2003; Konick & Gutierrez, 2005). Depression has also been commonly identified as the most significant
clinical risk factor for suicidal behavior, serving as a more significant risk factor for suicidal behavior than recent life stress, family dysfunction, low self-esteem, social support and pessimism (Wild, Flisher & Lombard, 2004). Thus, depression needs to be accounted for in any examination of suicide ideation since it is the most frequent and the most significant risk factor for suicidal behavior.

The strong link between depression and suicidal behavior highlights the alarming rates of depression among Filipino/a Americans. Research has shown that Filipino/a American adults have higher rates of depression than what is often reported for the general U.S. population (David, 2008). In particular, research done by Tompar-Tiu and Sustento-Seneriches (1995) and David and Okazaki (2006) using the Studies Center of Epidemiological Studies—Depression scale (CES-D; Radloff, 1997) reported rates of depression for Filipino/a Americans at 27.3% and 30% respectively, as compared to the rate of 10-20% that is often reported for the general U.S. population. These high rates of depression among Filipino Americans have been linked to factors related to acculturation, the loss of social support resources (i.e. strong family relationships) and disruptions in family dynamics.

When considering the general college student population, the stress created by the college environment is a factor that contributes to psychological distress and depression. For example, as indicated in the survey done by the UCLA Higher Education Research Institute (2000), college stress reached record levels in 1999, with 30.2% of students reporting that they felt “overwhelmed” as compared to 16% of students feeling “overwhelmed” in 1985. This finding is magnified by the fact that Asian American college students are more likely to have psychological concerns that can benefit from
treatment than Caucasian students (Gregerson, Nebeker, Seely, & Lambert, 2004). In addition, it has been reported that Filipino/a American college students suffer often reporting high levels of college stress, which stem from discrimination and alienation on campus (Gloria & Ho, 2003). Thus, reports that indicate higher rates of depression among Filipino/a Americans are understandable. It is clear that understanding suicide ideation among Filipino/a American college students requires a thorough examination of depressive symptomatology and other related factors.

Religiosity and Spirituality

Religion is a complex construct, often separated into the categories of religious affiliation, religiosity and spirituality. Though there is overlap in the way these aspects of religion are conceptualized; there also exist marked differences (Hyman & Handal, 2006; Abe-Kim et al, 2004). Religiosity mainly refers to engaging in prescribed and institutionalized practices and behaviors (i.e. prayer) while spirituality refers to beliefs and practices that transcend institutionalized religion (i.e. seeking the ultimate personal truth) (Abe-Kim et al, 2004). Though there is still debate as to how religiosity and spirituality are related to each other and how they each contribute to the religion construct, it is generally agreed that religious and spiritual beliefs both influence human functioning and well-being (Hyman & Handal, 2006; Saucier & Skrzypinska, 2006).

The high rate of Catholicism in the Filipino/a American population is one of the key distinctions between Filipino/a Americans and other APIs, differentiating them from other API groups that have stronger influences from Buddhism and Confucian philosophy (Kim et al, 2003; Nadal, 2004). The Filipino/a American population is largely Roman Catholic, with about 80% of Filipino/a Americans being Roman Catholic,
not including the 10% who are non-Catholic Christian (Sustento-Seneriches, 1997; Nadal, 2004; Agbanyani-Siewert & Revilla, 1995). Understandably, Catholicism plays a large role in the lives of Filipino/a Americans, serving as a major source of social support and supplying effective coping strategies, such as meditation and prayer (Oman & Thoresen, 2002; Abe-Kim et al, 2004). For example, religious leaders (priests) often take the role of counselor, serving as a coping mechanism for clergy members who are experiencing difficulties. Clearly, in researching suicide ideation and depressive symptomatology among Filipino/a American undergraduates, it is vital to determine the influence of religion and spirituality (Abe-Kim et al, 2004; Colucci & Martin 2008).

Distinctions are also made between one’s religious orientation: extrinsic and intrinsic (Allport & Ross, 1967). Extrinsically oriented people use their religion for social gain while intrinsically oriented people live their religion. Intrinsic orientation is not religious involvement in a traditional sense; it is a personal commitment to God and belief system (Ghorpade, Lackritz & Singh, 2006). In a study on intrinsic religious orientation among African Americans, Asian Americans, Filipinos, and Latinos, Ghorpade, Lackritz and Singh (2006) found that Filipino/a American undergraduates scored significantly higher than other Asian Americans on a revised version of the Intrinsic Religious Orientation (IRO) scale. Furthermore, for the sample as a whole, a negative correlation between IRO and psychological acculturation was found; along with a positive correlation between IRO and alienation. These findings suggest that intrinsically religious Filipino/a American undergraduates are less likely to be acculturated. This corroborates previous findings regarding acculturation level as an important influence on help-seeking behavior, since Filipino/a Americans who are less
acculturated and, thus, more religious, are more likely to seek a religious solution to their problems in lieu of seeing a psychologist (Gong et al, 2003). Furthermore, this trend may be indicative of the religion’s protective property. Thus, the role of religious affiliation and religiosity as a potential buffer from psychological stress and as an important coping mechanism is an essential component for research regarding Filipino/a American mental health.

With the many ways religion can be conceptualized, it is understandable that the relationship between religion and suicide ideation is more complex than it was originally believed to be. According to Durkheim’s (1897/1966) theory of religious integration, numerous and stronger beliefs and practices are indicative of greater religious integration, which leads to a lowered risk for suicide. From Durkheim’s point of view, lower rates of suicide among Catholics are explained by higher levels of religious integration and regulation as compared to Protestants since Catholics are subject to more religious dogmas and practices than Protestants (Colucci & Martin, 2008; Stack & Lester, 1991). This view ignores the details of such beliefs and practices, defining religiosity as the number and strength of religious beliefs and practices, which in turn serves as a source of social integration and protective factor (Stack & Lester, 1991). However, this view has many critics, and researchers have emphasized that devotion to a few core beliefs is more important than the sheer number of beliefs (Stack, 1992). In fact, devotion to core beliefs regarding the afterlife as a reward for persevering through hardships (i.e. divorce, unemployment etc) has been postulated to lower suicide risk far more than other religious beliefs, such as the Immaculate Conception (Stack, 1983). Thus, a distinction is made between devotion to core religious beliefs and practices (i.e. attendance), which is
conceptualized as “religious commitment” and the number of general beliefs and practices that is conceptualized as “religious integration.”

When examining religion and suicidal behaviors, researchers usually conceptualize religion as either religious affiliation (i.e. practices) or as self-identifying oneself as belonging to a certain religious denomination. These methods are in contrast to the definition of intrinsic religiosity defined earlier in this section. However, these studies do provide an insight as to how religion, as a broad construct, relates to and affects suicidal behaviors. There is a general consensus that finds that religion has a profound effect on suicide ideation. A study examining two conceptualizations of religiosity, Durkheim’s theory based on religious integration and another theory that is based on religious commitment, found very strong support for the effect of religious commitment on suicide ideation as compared to little support for the effect of religious integration on suicide ideation (Stack & Lester, 1991). Also, a more recent study found that depressed individuals in an inpatient setting who had a religious affiliation reported less suicide ideation at the time of evaluation, despite similar numbers of adverse life events, severity of depression and severity of hopelessness (Dervic, Oquendo, Grunebaum, Ellis, Burke & Mann, 2004). Thus, it is apparent that religion provides a positive buffer that counteracts suicide ideation in the face of depression, hopelessness and stressful life events (Dervic et al, 2004).

Despite the many definitions for what is considered religiosity, the literature has continually shown that religion in general serves as buffer against suicide ideation. This is particularly relevant to the examination of Filipino/a Americans, who in large part identify themselves as Catholic. In regard to the Filipino/a college population, it appears
that religiosity can serve as a buffer against the stressful life events associated with the
transition to college, while also serving as an important source of social support in the
form of on-campus religious clubs.

*Model Minority Myth*

APIs have long been labeled model minorities: a perception that categorizes APIs
as uniformly enjoying educational and professional success while also having low
incidence of mental health problems and crime (Wong, Lai & Nasagawa, 1998). It is
assumed that the underutilization of mental health services along with low official rates
of mental illness, divorce and delinquency is a function of the API population’s ability to
persevere and ultimately succeed through hardship (Sue, 1994). API family and cultural
values are considered a source of motivation, instilling values of hard work and
perseverance (Wong et al, 1998).

The label of model minority has proven to be a myth since it ignores variation
between API groups. For instance, Filipino/a Americans have the lowest rate of
admissions to the University of California system; evidence against uniform educational
The model minority myth of low rates of mental health problems cite low levels of
mental health service utilization as evidence for low occurrence, forgetting to consider
other cultural factors, such as stigma, which preclude utilization in this population.
Evidence contrary to this myth points to the presentation of more severe symptoms of
mental disturbance upon intake as well as over utilization of primary care doctors for
treating somatization, a culturally acceptable presentation of mental disturbance.
Expectations associated with the model minority myth can have a deleterious effect on Filipino/a undergraduates. Studies reveal that the model minority image negatively impacts psychological well-being in college students (Sue & Okazaki, 1990; Ahn Toupin & Son, 1991; Wong et al, 1998). Considering how important mental well-being is to academic success and college adjustment, the reality is that Filipino/a undergraduates are at greater risk for dropping out of college when compared to other API subgroups (Nadal, 2004). The high educational attainment associated with APIs because of the model minority myth leaves Filipino/a undergraduates vulnerable to discrimination when they are not able to fulfill the stereotype, lowering self-esteem and increasing pressure to perform well (Nadal, 2004).

Internalization of the model minority myth serves as a construct that is related to self-concept, academic stressors and acculturation for Filipino/a American undergraduates. Specifically, the model minority myth is tied to feelings of psychological stress that results from pressure to fulfill a certain stereotype. Filipino/a undergraduates are a unique population, one that is expected to have high achievement since they are considered part of the API model minority, a membership that has been tenuous. Thus, when considering suicide ideation among Filipino/a American undergraduates, internalization of the model minority myth must be considered especially when examining psychological well-being in relation to the model minority myth.

**Acculturation**

Acculturation is defined in the literature as the process by which the dominant culture is integrated to one’s own identity, a form of adaptation (Berry, 1990; Berry, 1997). Concerning attitudes towards mental health, acculturation entails an evolving
synthesis of worldview beliefs drawn from both one’s traditional culture and the values of the dominant culture about mental health problems (Mallinckrodt, Shigeoka, & Suzuki, 2005). According to Berry (2003), there are four modes of acculturation: assimilation, integration, separation, and marginalization. Assimilation entails accepting the dominant culture and giving up one’s cultural identity. Integration, which is considered by Berry & Kim (1988) as the most desirable strategy in a multicultural society, entails accepting the dominant culture but also maintaining one’s cultural identity. Separation entails holding onto one’s cultural identity and rejecting the dominant culture. Marginalization refers to having no cultural and psychological contact with either one’s traditional culture or the dominant society. For example, navigating between the expectations of the dominant culture (i.e. individualism) and the expectations of one’s traditional culture (i.e. respect for elders) can strain familial bonds with elders that strongly identify with traditional cultural values. It is evident that the acculturation process, the meshing of the dominant and traditional culture, can be a stressful process.

Acculturation is measured in various ways, with a variety of different scales and indices that operationalize acculturation differently. Several studies identify acculturation through the measure of its behavioral aspects while failing to assess the values related to acculturation (Kim, Atkinson & Yang, 1999). Traditional scales, such as the Suinn-Lew Asian Self-Identity Scale, as well as more recent scales directed toward the Filipino/a population, such as A Short Acculturation Scale for Filipino Americans (ASASFA), measured food preference, language use and friendship patterns; which are predominately behavior focused items (Suinn, Richard-Figueroa, Lew & Vigil, 1987; dela Cruz, Padilla, & Agustin, 2000). Recognizing this difference is important because
studies make the assumption that changes in cultural behaviours are identical to changes in cultural values when they in fact are different (Kim & Omizo, 2003). In fact, changes in behaviors can be modified while one’s cultural values may remain static. Thus, if a true understanding of acculturation and its effects on psychological constructs is to be achieved, this basic concept must be reflected in the way it is defined by the researcher.

The Filipino/a American population adhere to a set of conceptually modified traditional API cultural values. Traditional API cultural values of emotional self-control, honor and interpersonal harmony are heavily influenced by Buddhism and Confucian philosophy (Kim et al, 2003). Due to a long history of colonization at the hands of Spain and the U.S., the influence of Buddhist and Confucian philosophy on Filipino/a cultural values was tempered with western individualism (Kim et al, 2003; Nadal, 2004). Thus, patterns of acculturation in the Filipino/a American population differs from other API subgroups, shown in weaker identification with traditional API values in addition to a comfort with the English language (Kim et al, 2001).

Considering the unique cultural circumstances of Filipino/a American undergraduates, a values-based definition of acculturation is employed in this study. A behavior-based definition of acculturation focuses on the issues such as language and food preference, issues that may not be as pertinent to Filipino/a American undergraduates. With a unique history of contact with the United States, a traditional behavior-based conceptualization of acculturation may not be appropriate for Filipino/a American undergraduates. For example, since English is the lingua franca in the Philippines and is widely used in Filipino/a American families, acculturation conceptualized as comfort with the English language is not an appropriate measure of
acculturation for Filipino/a Americans. Thus, a conceptualization of acculturation that is based on understanding cultural values is considered to allow for a more appropriate approach to examining acculturation among Filipino/a American college students.

Ethnic Identity

Identity development is an important part of human development, the central task of adolescence in Erikson’s (1968) eight stages of psychosocial development. During this identity development stage, individuals manage the identities that compose the self-identity as a whole. Individuals have varying and multiple identities (i.e. gender, occupational), with each having its own saliency and importance in creating one’s overall sense of self. However, until recently, ethnic identity within racial groups has largely been ignored, though for ethnic minorities, ethnic identity is an important component of the self (Mossakowski, 2003; Phinney & Alipuria, 1990). Ethnic identity is a complex multidimensional construct that includes a sense of membership and pride, a commitment to one’s racial/ethnic heritage, and maintaining a strong sense of belonging to the ethnic community (Phinney, 1991).

Mossakowski (2003) has offered two hypotheses regarding ethnic identity and mental health: (1) a strong sense of ethnic identity is beneficial and serves as a buffer against stressors (2) ethnic identity intensifies stress since it emphasizes differences from the dominant culture, escalating the stress of minority status. When researched as a coping resource, in which a salient ethnic identity buffers the stress of discrimination by preventing negative stereotypes from infecting one’s self-concept, mixed results have been found (Mossakowski, 2003; Noh, Beiser, Kaspar, Hou, & Rummens, 1999). Noh et al (1999) found that an interaction between ethnic identity and perceived discrimination
significantly exacerbates the link between depression and discrimination; they found no evidence in support of the hypothesis that ethnic identity serves as a buffer. However, research by Mossakowski (2003) found that a strong sense of ethnic identity can serve as protector against stressors in the Filipino/a American population, particularly buffering the stress of perceived discrimination. In this same study, it was revealed that ethnic identity had a strong association with fewer depressive symptoms.

Entering the university often provides access to networks (i.e. clubs and organizations) that present the opportunity to build relationships and practice ethnic traditions that validate and foster ethnic pride. For Filipino/a Americans, the issue of a positive ethnic identity is cumbersome in light of issues regarding colonial mentality and the model minority myth. There is negativity (i.e. inferiority to the Spanish and the U.S.) and pressures (i.e. perform well in school) that accompany Filipino/a American ethnic identity. Nevertheless, the possibility that a salient ethnic identity can serve as a buffer to mental health issues by providing a coping mechanism must be examined in order to thoroughly explore suicide ideation in the Filipino/a American undergraduate population.
CHAPTER 4

CONCLUSION

In light of the difficulties APIs experience in adapting to the college environment, an understanding of what factors influence suicide ideation and depressive symptomatology in the Filipino/a American student population is pertinent. An examination of the Filipino/a American undergraduate population is especially pertinent, considering how their relatively ‘westernized’ culture and unique immigration history differentiates them from other API subgroups (Abe-Kim et al, 2004; Nadal, 2004). Upon reviewing the literature regarding the API population, with emphasis on Filipino/a Americans, certain factors appear to be associated with suicide ideation. These factors include demographic variables such as socioeconomic status, gender, generational status and religious affiliation (Leong & Lau, 2001; Ang, Lim, Tan & Yau, 2004; Sheu & Sedlacek, 2004; Fraga, Atkinson, & Wampold, 2004; Maramba & Hall, 2002; Gamst, Dana, Der-Karabetian & Kramer, 2001; Abe et al, 2004). In addition to these demographic variables, depressive symptomatology, acculturation, religiosity, spirituality, internalization of the model minority stereotype and ethnic identity in the Filipino-American student population appear to be associated with suicide ideation (Kim, Atkinson & Yang, 1999; Abe et al, 2004; Gloria & Ho, 2003; David & Okazaki, 2006a; Mossakowski, 2003).

With all the factors related to either suicide ideation and/or depression, future studies need to clarify the interrelationships between these factors. Future studies should examine how these variables influence the relationship between depression and suicide
ideation. Also, studies that examine these factors within different Asian ethnic groups can shed light on how the processes may influence suicide ideation and depression differently for different Asian ethnic groups.
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